Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II		30-025-05738
1301 W Grand Ave., Artesia, NM 882 12 11 12 11 15 ERVATION DIVISION		5. Indicate Type of Lease
1220 South St. Francis Dr.		STATE 🔀 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505 HOBBSOCD		B-1330-1
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		North Monument G/SA Unit Blk. 11
PROPOSALS)		8. Well Number 1
Type of Well: Oil Well    Gas Well    Other Injection well.      Name of Operator		9. OGRID Number 000495
Apache Corp.		9. OGRID Nulliber 000493
3. Address of Operator		10. Pool name or Wildcat
P O box Drawer D Monument NM 88265		Eunice Monument G/SA
4. Well Location		
Unit LetterA:	660feet from theNorthline	andfeet from the
Eastline		
Section 29		37E NMPM Lea County
1	I. Elevation (Show whether DR, RKB, RT, GR, et	tc.)
12 Check Ann	ropriate Box to Indicate Nature of Notice	e Report or Other Data
12. Check App	ropirate Box to indicate reature of rotter	c, Report of Other Data
NOTICE OF INTE	NTION TO:	POFOLENT REPORT OF
<del></del>	LUG AND ABANDON	
TEMPORARILY ABANDON		
		ker shall be set within or less than 100
DOWNHOLE COMMINGLE	teet of the u	uppermost injection perfs or open hole.
OTHER: FAILED BI	47	r
13. Describe proposed or completed	d operations. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date
	SEE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
proposed completion or recomp	letion.	,
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		•
MIRIT PIT Pook with injection tubing as	nd packer. Inspect tubing and packer for a leak.	
WINCO TO. Tooli with injection tubing at	id packer. Hispect tubing and packer for a reak.	
	Co	ondition of Approval: notify
TIL OUG	_	<b>•</b>
		OCD Hobbs office 24 hours
MUST BE NOTIFIE	D 24 Hours prior	r of running MIT Test & Chart
Prior to the beginning		
Spud Date:	Rig Release Date:	
<del></del>		
I haveby contify that the information show	is two and complete to the best of any larger larger	441.1° C
Thereby certify that the information above	ve is true and complete to the best of my knowled	uge and belief.
$0.0$ cm $^{-}$	_	
SIGNATURE ( )	TITLEInstrument Tech	DATE
T		
Type or print nameJim Ellison	E-mail address: _JD.Ellison@a	pacheccorp.com_ PHONE:
For State Use Only	//	
APPROVED BY	TITLE STATT MAKE	DATE 3-29-2012 MAR 2 9 2012
Conditions of Approval (if any).		MAD 9 9 7012
/ (/		MAIN & C 2011



**WELL BORE INFO.** 

